

**IRONMAN**  
**DECLARATION OF USE**

In accordance with the International Standard for Therapeutic Use Exemptions, I hereby declare to WTC

- 1) Use of Glucocorticosteroids used by non systemic routes
- 2) Beta-2 agonists by inhalation,
- 3) Platelet Rich Plasma injections (NOT intramuscular).

Please complete all sections in **BLOCK CAPITALS** or typing. Keep a copy for your records.

**Athlete Information:**

**Last Name:** ..... **First Name:** .....

**Female**  **Male**  (*tick appropriate box*) **Date of Birth (m/d/y):** .....

**Address:** .....

**City:** ..... **State:** ..... **Zip Code:** .....

**Phone:** ..... **Email:** .....

**Event Name:** .....

**2. Diagnosis:** (Diagnosis with sufficient medical information)

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**3. Medication details:**

Substance Name	Dose	Route	Frequency of Administration	Duration of Treatment
1.				
2.				
3.				

**4. Physician Information:**

**Name:** .....

**Qualification & Medical specialty:** .....

**Address:** .....

**Phone:** ..... **Fax:** .....

**Email:** .....

Send completed forms to WTC by: Fax: 760-943 7077 Email: [tue@ironman.com](mailto:tue@ironman.com)  
Mail: Attn: WTC Membership Services, PO BOX 235150, CA 92023-5150